MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10) 550,413	9-23-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			I				51						
2				I			52						
3				I			53						
4				I			54						
5				I			55						
6				I			56						
7				I			57						
8				I			58						
9				I			59						
10				I			60						
11				I			61						
12				I			62						
13				I			63						
14				I			64						
15				I			65						
16				I			66						
17			I				67						
18			I				68						
19				I			69						
20				I			70						
21				I			71						
22				I			72						
23				I			73						
24				I			74						
25				I			75						
26				I			76						
27				I			77						
28				I			78						
29				I			79						
30				I			80						
31				I			81						
32				I			82						
33				I			83						
34			I				84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	4	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	30	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			34				TOTAL CLAIMS						

Barbara Campbell, PCT National Stage

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